

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018291

STATE FILE NUMBER

FILED MAY 25 1959

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY LAFAYETTE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MISSOURI b. COUNTY LAFAYETTE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LEXINGTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN CORDER		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MEMORIAL HOSPITAL		Length of stay in 1b 1 DAY	d. STREET ADDRESS (If outside, give location) 054 1/2 N. South Hy. 20.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MAUDE DE LENA SEE			4. DATE OF DEATH Month Day Year MAY 13 1959		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN. 23 1895		9. AGE (In years last birthday) 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) JOHNSON COUNTY MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JAMES P. GREER		13b. MOTHER'S MAIDEN NAME SARAH R. PETTY		14. NAME OF HUSBAND OR WIFE HARVEY E. SEE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 499-14-9944	17. INFORMANT HARVEY E. SEE		Address CORDER MISSOURI
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebral Accident					INTERVAL BETWEEN ONSET AND DEATH 12 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 331X
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 12 May 59 to 13 May 59 and last saw her alive on 12 day May 59 Death occurred at 7:50 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Joe W Wardlaw			22b. ADDRESS Lexington Mo		22c. DATE SIGNED 5-18-59
23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MAY 15 1959	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		23d. LOCATION (City, town, or county) (State) CORDER MISSOURI
24. FUNERAL DIRECTOR E. G. Haden		ADDRESS HIGGINSVILLE MO	25. DATE RECD. BY LOCAL REG. 5-21-59		26. REGISTRAR'S SIGNATURE Marion Eastman

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ALL INFORMATION ON THIS FORM IS CONFIDENTIAL

SEP 3 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision.

Student Signature of Student Embalmer

Signed *Harold P. Walker*

Licensed Embalmer No. 4588
P. O. Address Lexington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.